



**Cleveland
Public
Schools**

Office of the Superintendent

600 North Gilbert

Cleveland, OK 74020

918-358-2210

APPLICATION FOR CERTIFIED POSITION

Date _____

A. IDENTIFICATION

_____ last name

_____ first name

_____ middle name

_____ Social Security no.

Present Address: Temporary until _____

_____ telephone

_____ street

_____ city

_____ state

_____ zip

Permanent Address:

_____ telephone

_____ street

_____ city

_____ state

_____ zip

B. EMPLOYMENT PREFERENCE

1. Type of Application:

a. Fulltime employment only _____ b. Temporary/part-time/half-time _____ c. Either a. or b. _____

2. Kind of Employment (check only those areas for which you can qualify and in which you would accept employment)

a. Elementary Teacher (K-5) _____ b. Middle School Teacher (6-8) _____

c. High School Teacher (9-12) _____ b. Professional School Service Employee (Administrator, Counselor, Librarian, Nurse, etc.) _____

Specify _____

3. Elementary Applicants ~

List grade level preference: a. _____ b. _____ c. _____ d. _____

List other subjects you are qualified to teach:

a. _____ b. _____ c. _____

4. Middle School Applicants ~

a. List subjects you are certified to teach:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

5. High School Applicants ~

a. List subjects you are certified to teach:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

b. List other academic or extra-curricular activities you are qualified to teach or supervise (include sports, clubs, etc.):

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Name
Last
First
MI
Application for

C. EDUCATIONAL PREPARATION

	Kind of Degree	Date of Graduation	Name of Institution	Location
1. High School				
2. Undergraduate				
3. Graduate				
4. Other				

Bachelor's Degree ~

College Major _____

Master's Degree ~

College Major _____

Student Teaching: a. Completed _____ b. Taking Now _____ c. None _____

If you have completed student teaching within the last 3 years, please complete the following:

Name of Cooperating Teacher _____

School _____ Address _____ Phone _____

Grade and Subjects Taught _____ Date Completed _____

D. PREVIOUS EXPERIENCE

- Total years experience as a contracted teacher in an accredited school in Oklahoma: _____
- Total years experience as a contracted teacher in an accredited school out of state: _____
- List below a complete chronological history of professional experience. Include supplementary sheet if space is inadequate. Begin with the most recent experience.

Name of School & Dist.	Street, City, State, Zip	Assignment	Dates	
			From	To
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
m.				
n.				

- Experience to be evaluated for salary purposes must be validated by the employers listed above. State law limits transfer of out-of-state teaching credit to five years.

E. PERSONAL DATA

1. Have you read the job description for which you applied? Yes _____ No _____
a. Are you capable of performing the duties required for which you applied? Yes _____ No _____
b. If not, how do you feel an accommodation can be reasonably made to allow you to perform essential job duties. _____

2. Have you been convicted of a felony? Yes _____ No _____
Have you been convicted of a criminal offense involving illegal drugs? Yes _____ No _____
Have you been convicted of a criminal offense involving illegal use of alcohol? Yes _____ No _____
Have you been convicted of any criminal offense involving minors? Yes _____ No _____
(Explain) _____

3. Are you a U.S. Citizen? Yes _____ No _____
Are you a Veteran? Yes _____ No _____
Number of years of active service _____ Dates of Service _____

4. What type of Oklahoma certification do you hold? (Certificate is the responsibility of applicant) _____
Standard _____ Provisional _____ License _____
Field Field Field
Certificate/License Number _____ Expiration Date _____

5. What Oklahoma Curriculum Exams have you passed? _____

6. If you do not have Oklahoma certification, describe any out-of-state certification you hold. _____

7. Are you currently employed or under contract? _____

8. Date available for employment? _____

9. Have you ever failed to be reemployed? _____ Where? _____
If so, state reasons _____

10. Do you have a relative employed by the Cleveland Public School System? Yes _____ No _____

11. Why did you choose the teaching profession? _____

F. REFERENCES (Do not include relatives)

Five references are required. In naming references, give preference to supervisors, principals, and other educators who are familiar with your professional work.

Name	Street, City, State, Zip	Phone No.	Position
1.			
2.			
3.			
4.			
5.			
6.			

1. Add here any additional information which you believe will assist in arriving at a true estimate of your qualifications. Copies of reference letters may be included. Enclose an additional sheet if more space is needed.

G. CREDENTIALS

Please enclose a personal resume and university transcripts with this application and have your university placement folder sent to us.

H. NOTICE TO APPLICANT

The applicant should exercise the greatest care in preparing this application. Please do not omit any item. Information given herein becomes a legal part of the contract in case of selection. False information given will be grounds for dismissal.

Updating applications is the responsibility of the applicant. This application will serve as your request to add your name to our list of applicants. The acceptance of an application is not a promise of employment. All applicants must apply directly to the Superintendent of Schools and not to an individual school.

I understand that my application will remain active from September 1 through August 31 of the school year in which the application is made at I should notify the Office of the Superintendent, in writing, if I wish to be considered beyond that period. All persons, firms, and entities listed in this application are hereby authorized to release any information or records concerning me to the personnel department of the Cleveland Public Schools and I hereby release said persons, firms, and entities from any liability as a result of the furnishing of such records and information.

I certify to the best of my knowledge the facts set forth in my application are accurate and complete.

Signature of Applicant _____ Date _____